

SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS

RELEASE AND WAIVER FOR STATES/PROVINCES

INSTRUCTIONS: You must complete this form and send to any state/province that you have been licensed or certified in. Please request that they send the records to:

SD Board of Examiners of Psychologists
135 East Illinois, Suite 214
Spearfish, SD 57783

Please make enough copies of this Release and Waiver Form so that you can sign an original for each state, as well as an original to this office.

I, _____, the applicant named in the attached and foregoing application for licensure as a Psychologist in South Dakota, do hereby authorize the

(NAME OF REGULATORY BOARD OR AGENCY)

to release all information in its possession that relates or may relate to my fitness to practice Psychology to the South Dakota Board of Examiners of Psychologists or its designee, and I authorize the South Dakota Board of Examiners of Psychologists or its agents or employees to consider any or all of such information in passing on the attached application. This authorization, release and waiver specifically applies to all information in possession of the above named regulatory board or agency, including all material deemed privileged or confidential, and I hereby direct the named regulatory agency or board to release such information to the South Dakota Board of Examiners of Psychologists or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred to above.

In consideration of the above named regulatory board or agency releasing any information in its possession concerning me, I _____, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the South Dakota Board of Examiners of Psychologists, (NAMEOF REGULATORY BOARD OR AGENCY) the State of South Dakota, the South Dakota Board of Examiners of Psychologists and their officers, agents and employees from and against any and all claims, actions, suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, _____.

Applicant

Witness

Witness

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, _____, before me, _____
_____, the undersigned officer, personally appeared _____
_____ known to me or satisfactorily proved to be the person whose
name is subscribed to the within instrument and acknowledged to me that ___he executed the same
for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first
written.

Notary Public

State of _____

My Commission Expires: _____

(SEAL)